SENIOR RATER POTENTIAL EVALUATION

Privacy Act Statement: Section be used for statistical and impact and programs may require the	analysis of this form a	as an evalua	ation instrume			
A. EMPLOYEE'S NAME: (Last, First, Middle Initial)		B. SSN:		C. POSITION TITLE, SERIES, AND ACQUISITION CAREER FIELD		D. GRADE:
E. MACOM / IRA:	I					1
F. PERIOD COVERED: (yymr			G. EMPLOYEE'S COPY: (Check one and dat	re)	
FROM: TH			☐ Given to Employee ☐ Forwarded to Employe		to Employee	
H. NAME OF SENIOR RATER: (Last, First, M.I.)		I. SSN:				K. DATE: (yymmdd)
L. GRADE / RANK, SERIES / MOS-FA/ACF:			Con		N. Telephone: Commercial: DSN:	
O. RATEE: I understand my signature does not constitute agreement or disagreement with the evaluation of the Senior Rater.			P. SIGNATU	RE OF RATEE:		Q. DATE: (yymmdd)
R. OVERALL POTENTIAL RATING 1 2 3 4 5	SENIOR RATER PROFILE		S. BULLET	COMMENTS (Potential)		
T. Employee's Commer	nts:					

AAC Form 1

Senior Rater Potential Evaluation.